

### III

## ANTENATAL ANTI-SYPHILITIC TREATMENT

### A HOPEFUL OUTLOOK

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IN considering the following 50 antenatal cases, I should like to say at the start that these were not selected cases; they were 50 consecutive cases occurring during the past four years. The results obtained from their treatment I consider surprisingly gratifying, since the large number of general venereal cases in the Leicester clinic prevents one from arriving at conclusions as one goes on with daily routine work.

The 50 mothers presented themselves for examination for a variety of reasons; some of them came because of symptoms of ill-health in a living child, and some for symptoms of ill-health in themselves, but by far the greater number came for the latter reason.

8	mothers	came	with	a	primary	sore.
17	"	"	"	"	secondaries.	
8	"	"	"	"	a history of stillbirths and mis-	
					carriages.	
3	"	"	"	"	gumma of palate.	
1	mother	"	"	"	"	leg.
1	"	"	"	"	"	tongue.

Three mothers came with the vaginal discharge of gonorrhœa, that being their most distressing symptom, although they also had syphilis.

The other causes in the mother were :—

Ear trouble.  
Antepartum hæmorrhage.  
Glands of neck.  
Keratitis.  
Fits.

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The symptoms of ill-health in the child causing the mother to seek advice were :—

Interstitial keratitis.  
Hydrocephalus.  
Ear trouble, chiefly deafness.

On the whole, the health of the mothers during treatment was very good ; 44 had live full-time births ; 2 had live premature births (one of these died at a year old of pneumonia, the other is still alive) ; and 4 had dead premature births (50).

This large percentage of live full-time births was undoubtedly due to the fact that most of the mothers presented themselves for treatment during the first half of pregnancy. Thirty-seven began their treatment during the first half, and 13 during the second half. Also none of the 50 defaulted, and everyone kept up her treatment right up to the end of her pregnancy.

Most of the babies were born in their own homes, only a small percentage being born in institutions. Those mothers who had not had enough anti-syphilitic treatment, or who were ailing, were taken into the V.D. ward of the Leicester Infirmary.

Treatment was given once a week during the first half, and once a fortnight during the latter part of pregnancy, but if the mother had presented herself only during the second half of pregnancy, then she had an injection once a week to the end of her time.

There was not a single case of arsenical jaundice, and only 4 with arsenical dermatitis, 2 being very severe.

As in ordinary pregnancy, the gums and the bowels gave the most trouble, and those cases suffering from either pyorrhœa or constipation were unable to have bismuth injections. Most of the cases were treated with neokharsivan or stabilarsan.

It is always difficult to get a patient to attend a dentist, and for this reason a dental clinic has been established in connection with our V.D. clinic, running at the same time, and in a room adjoining the V.D. clinic. It is found to be comparatively easy to get the patients to walk from one clinic into the other, and it is hoped that they will be able to absorb more anti-syphilitic treatment when the septic condition of the gums has

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cleared up. But this clinic was not in being at the time of the 50 cases under consideration.

### THE WASSERMANN REACTION

Forty-one mothers came with a positive blood reaction and 9 with a negative one. These 9 mothers received anti-syphilitic treatment in spite of their negative Wassermann, either on account of a history of repeated dead births, or the presence of a congenital syphilitic offspring, or occasionally for other reasons contained in their history, or clinical symptoms. Many of the cases with repeated dead births were sent from welfare centres either in the city or county.

Twenty-eight of the positive Wassermann reactions (mothers) became negative during treatment, and 8 others became much less positive, *i.e.*, close to the negative line. This leaves 5 of the 50 with a positive Wassermann still, and of these, 4 have defaulted, and 1 is still attending.

### BABIES' WASSERMANN

The babies' blood is tested within six or seven months of birth. The 50 mothers had 59 babies, 9 of them being pregnant more than once. Of these 59 babies, 53 had their blood tested, and the other 6 were lost sight of.

Fifty-one of these 53 had negative Wassermans, and 2 positive. These 2 have at the present time a negative reaction, having been treated since birth. They are both still attending the clinic, 1 being six years old and the other twelve. Both mothers had another child during the past four years.

Nearly every baby has been examined at a month or six weeks old for signs of congenital syphilis. Two had snuffles (1 had been premature). Two were small and did not put on weight (1 was premature). One baby had a negative Wassermann, the mother also negative and treated right through the nine months, but the father, a case of Tabes, had Melæna. These 5 babies received anti-syphilitic treatment. As a general rule, as long as the mother is breast-feeding her infant, she receives anti-syphilitic treatment if the baby is undersized.

Many of the babies have been followed up to the

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present time; a few have been lost sight of, but the majority are doing well.

### TREATMENT

As a general rule, the mother is given an intravenous injection of neokharsivan weekly, and later on fortnightly, all through her pregnancy. A few have a course of 1 c.c. of Bisoxyl, intramuscularly, alternating with the neokharsivan. A few more delicate mothers have intramuscular injections of sulphostab, 36 gm. weekly, and all have mercury, by mouth, part of the time. Quinostab cannot be given on account of its action on the uterus.

Some of the mothers get indigestion with neokharsivan and are given intramuscular bismuth.

Since the pregnant woman is the bridge between the last generation and the next, it is clear that with a little more vigilance congenital syphilis will be a disease of the past. A routine blood test in the antenatal clinics would help much in this direction.